



PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

7-28-97  
For receiving Office use only

08/803914

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum)

NJH/MP7048515

Box No. I TITLE OF INVENTION

TRANSMISSION NETWORK AND FILTER THEREFOR

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

NORWEB PLC  
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UNITED KINGDOM

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (i.e. country) of nationality:

GB

State (i.e. country) of residence:

GB

This person is applicant  
for the purposes of:

☐ all designated  
States

☒ all designated States except  
the United States of America

☐ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

DR PAUL A BROWN  
30 APPLERIGG  
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LA9 6EA

UNITED KINGDOM

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box  
is marked, do not fill in below.)

State (i.e. country) of nationality:

GB

State (i.e. country) of residence:

GB

This person is applicant  
for the purposes of:

☐ all designated  
States

☐ all designated States except  
the United States of America

☒ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

This person is:

☐ applicant only

☐ applicant and inventor

☐ inventor only (If this check-box  
is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant  
for the purposes of:

☐ all designated  
States

☐ all designated States except  
the United States of America

☐ the United States  
of America only

☐ the States indicated in  
the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

**ix No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

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Facsimile No.

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Teleprinter No.

22762 PATENTG

☐ Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No.V DESIGNATION OF STATES**

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

**Regional Patent**

☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, DE Germany, DK Denmark, ES Spain, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT

☒ OA OAPI Patent: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Gabon, Guinea, Mali, Mauritania, Niger, Senegal, Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

**National Patent (if other kind of protection or treatment desired, specify on dotted line):**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> AT Austria .....                               | <input checked="" type="checkbox"/> MN Mongolia .....                 |
| <input checked="" type="checkbox"/> AU Australia .....                             | <input checked="" type="checkbox"/> MW Malawi .....                   |
| <input checked="" type="checkbox"/> BB Barbados .....                              | <input checked="" type="checkbox"/> NL Netherlands .....              |
| <input checked="" type="checkbox"/> BG Bulgaria .....                              | <input checked="" type="checkbox"/> NO Norway .....                   |
| <input checked="" type="checkbox"/> BR Brazil .....                                | <input checked="" type="checkbox"/> NZ New Zealand .....              |
| <input checked="" type="checkbox"/> BY Belarus .....                               | <input checked="" type="checkbox"/> PL Poland .....                   |
| <input checked="" type="checkbox"/> CA Canada .....                                | <input checked="" type="checkbox"/> PT Portugal .....                 |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein .....  | <input checked="" type="checkbox"/> RO Romania .....                  |
| <input checked="" type="checkbox"/> CZ Czech Republic .....                        | <input checked="" type="checkbox"/> RU Russian Federation .....       |
| <input checked="" type="checkbox"/> DE Germany .....                               | <input checked="" type="checkbox"/> SD Sudan .....                    |
| <input checked="" type="checkbox"/> DK Denmark .....                               | <input checked="" type="checkbox"/> SE Sweden .....                   |
| <input checked="" type="checkbox"/> ES Spain .....                                 | <input checked="" type="checkbox"/> SK Slovakia .....                 |
| <input checked="" type="checkbox"/> FI Finland .....                               | <input checked="" type="checkbox"/> UA Ukraine .....                  |
| <input checked="" type="checkbox"/> GB United Kingdom .....                        | <input checked="" type="checkbox"/> US United States of America ..... |
| <input checked="" type="checkbox"/> HU Hungary .....                               | <input checked="" type="checkbox"/> VN Viet Nam .....                 |
| <input checked="" type="checkbox"/> JP Japan .....                                 |   |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea ..... |   |
| <input checked="" type="checkbox"/> KR Republic of Korea .....                     |   |
| <input checked="" type="checkbox"/> KZ Kazakhstan .....                            |   |
| <input checked="" type="checkbox"/> LK Sri Lanka .....                             |   |
| <input checked="" type="checkbox"/> LU Luxembourg .....                            |   |
| <input checked="" type="checkbox"/> MG Madagascar .....                            |   |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

- ☒ ..LATVIA .....
- ☒ ..UZBEKISTAN .....
- ☐ .....
- ☐ .....

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of .....  
The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

**Supplemental Box** *If the Supplemental Box is not used, this sheet need not be included in the request.*

*Use this box in the following cases:*

**1. If, in any of the Boxes, the space is insufficient to furnish all the information:**

*in particular:*

- (i) *if more than three persons are involved as applicants and/or inventors and no "continuation sheet" is available:*
- (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked:*
- (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America:*
- (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents:*
- (v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," "certificate of addition," or "inventor's certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "Continuation" or "Continuation-in-part":*
- (vi) *if there are more than three earlier applications whose priority is claimed:*

*in such case, write "Continuation of Box No. ..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient;*

*in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III;*

*in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State or States (and/or, where applicable, European or OAPI patent) for the purposes of which the named person is applicant;*

*in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State or States (and/or, where applicable, European or OAPI patent) for the purposes of which the named person is inventor;*

*in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*

*in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*

*in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*

**2. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty:**

*in such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.*

CONTINUATION OF BOX IV:-

OTHER AGENTS

GURA, H. Alan, HARRISON, David C. ARMITAGE, Ian M,  
PAGET, Hugh C.E. FORD, Michael F. CALDERBANK, T. Roger,  
NICHOLLS, Kathryn M. SANDERSON, Michael J. COLEIRO, Raymond,  
STUART, Ian A. and STONER, G. Patrick

all of MEWBURN ELLIS, 2 Cursitor Street, London, EC4A 1BQ  
UNITED KINGDOM.

<b>Box No. VI PRIORITY CLAIM</b>		Further priority claims are indicated in the Supplemental Box <input type="checkbox"/>	
The priority of the following earlier application(s) is hereby claimed:			
Country (in which, or for which, the application was filed)	Filing Date (day/month/year)	Application No.	Office of filing (only for regional or international application)
item (1)  GB	22 October 1992	9222205.8	
item (2)			
item (3)			
Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required): <input type="checkbox"/> The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s) : _____			
<b>Box No. VII EARLIER SEARCH</b>			
Fill in where a search (international, international-type or other) by the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request: Country (or regional Office): _____ Date (day/month/year): _____ Number: _____			
<b>Box No. VIII CHECK LIST</b>			
This international application contains the following number of sheets: 1. request : 4 sheets 2. description : 14 sheets 3. claims : 1 sheets 4. abstract : 1 sheets 5. drawings : 10 sheets  Total : 30 sheets		This international application is accompanied by the item(s) marked below: 1. <input type="checkbox"/> separate signed power of attorney 2. <input checked="" type="checkbox"/> copy of general power of attorney 3. <input type="checkbox"/> statement explaining lack of signature 4. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): (1) 5. <input checked="" type="checkbox"/> fee calculation sheet 6. <input type="checkbox"/> separate indications concerning deposited microorganisms 7. <input type="checkbox"/> nucleotide and/or amino acid sequence listing (diskette) 8. <input type="checkbox"/> other (specify): _____	
Figure No. <u>1</u> of the drawings (if any) should accompany the abstract when it is published.			
<b>Box No. IX SIGNATURE OF APPLICANT OR AGENT</b>			
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).			
S. JONATHAN LINN AUTHORISED REPRESENTATIVE -			

For receiving Office use only		2. Drawings:  <input type="checkbox"/> received:  <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority specified by the applicant: ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

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